

LIMITATIONS

23. Certified Pediatric or Family Nurse Practitioners

Limitations same as for physicians' services. See Supplement to page 2 of Attachment 3.1-A.

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supersedes
TN No. NEW

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

CASE MANAGEMENT SERVICES

A. Target Group: See Attachment 3.1A, Supplement to page 8.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☒ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☐ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: See Attachment 3.1A, Supplement to page 8.

E. Qualification of Providers: See Attachment 3.1A, Supplement to page 8.

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 2
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State/Territory: Rhode Island

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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PRIOR AUTHORIZATION PRACTICES UTILIZED IN THE ADMINISTRATION OF THE
RHODE ISLAND MEDICAL ASSISTANCE PROGRAM

1. Inpatient Hospital Services - Prior authorization is required for elective surgical procedures of a cosmetic nature which must be performed for functional purposes.

Prior authorization is required for Hospital Admissions for the following elective surgical procedures:

Tonsillectomy and adenoidectomy with or without Myringotomy;

Uterine Dialation and Curettage with or without cervical biopsy and/or cauterization; and

Ganglionectomy

Prior authorization is required for provision of Dental Services on an inpatient hospital basis.

Prior authorization is required for the assignment of more than 25 Administratively necessary days per hospitalization.

Prior authorization is required for hospitalization beyond the 15th day for non-Medicare patients treated primarily for a cerebrovascular accident, orthopedic problems, pneumonia or psychiatric disorders.

Prior authorization must be obtained from the Medical Assistance Program for the payment of all out-of-state medical and hospital services with the following exceptions:

- a. Emergency medical treatment and hospital services;
- b. Treatment provided by hospitals and practitioners located in close proximity to the Rhode Island state line (e.g., Attleboro, Seekonk, Fall River, New London, etc.); and
- c. Medical and hospital treatment provided children in Foster Care residing with families located outside the State of Rhode Island or in out-of-state residential treatment centers.

- 2.a. Outpatient Hospital Services - Physical, occupational and speech therapy services require prior authorization.
- 2.b. Rural Health Clinic - The prior authorization requirements which are applicable to ambulatory services when provided in other settings will apply to those ambulatory services other than Rural Health Clinic services when provided in a Rural Health Clinic.
3. Other Laboratory and X-ray Services - Special diagnostic and therapeutic x-rays and clinical laboratory tests not included in the x-ray and clinical laboratory fee schedule require prior authorization.
- 4.a. Skilled Nursing Facility Services - Prior authorization is required for all admissions.

State/Territory: RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment, including prior authorization requirements specified in pages 9, 10, and 11 of this attachment.

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LIMITATIONS

Attachment 3.1-A
Supplement to Page 9

4a. Transportation

Limited to transportation services provided by ambulance companies which are licensed by the Rhode Island Department of Health and certified to participate in the Federal Medicare Program for non-ambulatory patients; and transportation services provided by Skilled Nursing and Intermediate Care Facilities for their ambulatory patients as provided for within the per diem reimbursement rate which recognizes the cost of maintaining vehicles for the purpose of transporting ambulatory patients.

24f. Personal Care Services

1. Personal care services are available for individuals who are in residential facilities for the chronically mentally ill which have less than 17 beds and which are licensed by the Division of Mental Health within the Department of Mental Health, Retardation and Hospitals.
2. Personal care services are available for individuals eligible for the EPSDT Program residing in facilities providing residential treatment programs licensed by the Department of Children, Youth and Families.

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ATTACHMENT 3.1-A
Page 9b

STATE RHODE ISLAND

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89):

Provided: ☐ No Limitations ☒ With Limitations*

*Description provided on attachment.

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State/Territory: RHODE ISLANDAMOUNT, DURATION, AND SCOPE OF MEDICAL
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